



State of Utah  
Department of Workforce Services – Department of Health  
**VERIFICATION AND RELATIONSHIP**

**PARENT INFORMATION**

Father: \_\_\_\_\_  
Last Name Given Name

Mother: \_\_\_\_\_  
Last Name Given Name Maiden Name

**VERIFICATION OF BIRTH - CHILDREN**

1. \_\_\_\_\_  
Name (First, Middle, Last) Birth Date

\_\_\_\_\_ Hospital and City Certificate No.

Have you applied for a Social Security Number? ..... ☐ Yes ☐ No

2. \_\_\_\_\_  
Name (First, Middle, Last) Birth Date

\_\_\_\_\_ Hospital and City Certificate No.

Have you applied for a Social Security Number? ..... ☐ Yes ☐ No

3. \_\_\_\_\_  
Name (First, Middle, Last) Birth Date

\_\_\_\_\_ Hospital and City Certificate No.

Have you applied for a Social Security Number? ..... ☐ Yes ☐ No

**VALIDATION**

**DEPARTMENT OF WORKFORCE SERVICES**

\_\_\_\_\_ DWS Official Title

\_\_\_\_\_ Local Office Phone No.

\*Note: Vital records will not accept requests for verification that are blank and/or have not been signed by the requesting DWS Official.

**DEPARTMENT OF HEALTH**

I certify, as a Utah Public Health Department Official, the above individual(s) birth date(s), location(s), and certificate number(s) are confirmed as correct as indicated.

\_\_\_\_\_ Vital Records Official Date

\_\_\_\_\_ Title Agency

- Requests for paternity searches must be made by using "Application for Search of Registry of Acknowledgment of Paternity." (Form 125-P)

***Equal Opportunity Employer Program***

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.